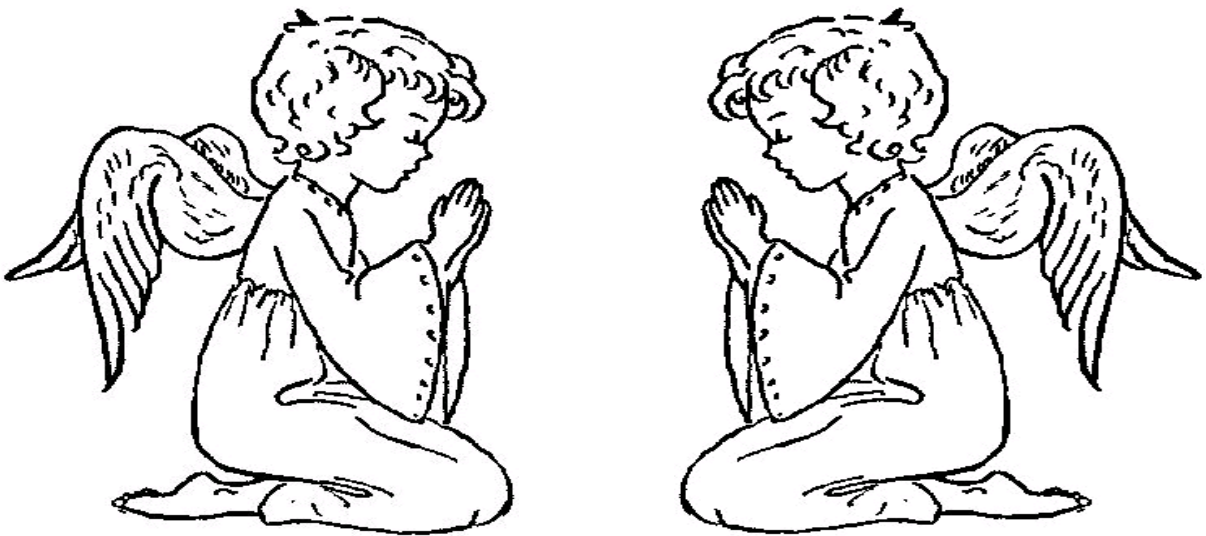


Christian Care Academy Admission Application

P.O. Box 1267
Anna, TX 75409
Phone: 214-831-1383
Fax: 214-831-1385
Email: christiancare_07@yahoo.com



Mission Statement

To give hope to our children by teaching them basic morals and values that stem from the word of God. We want to encourage spiritual, intellectual, social, and emotional growth through prayer, our curriculum, and healthy interaction between staff and students. We as a group intend to discourage misbehavior, insensitivity, and disrespect. We believe that through the blessings and guidance of God we will be able to give back to the community by helping to rear our children in a positive, praying, and prosperous environment.

Student Information

Grade Entering: _____ Date to Enter: Fall Spring Year _____ Password: _____

Last Name First Name Middle Name Name Used

Street City/State/Zip Phone (_____) _____

Sex Age Date of Birth Birthplace (City, State) SSN

Ethnicity

*Christian Care Academy does not discriminate on the basis of race, color, or national and ethnic origin in admitting students and in administration of its policies and procedures.

Parent Information

Father's Name Cell Phone (_____) _____

Street City/State/Zip Phone (_____) _____

Employer Occupation Work Phone (_____) _____

E-mail Address

Mother's Name Cell Phone (_____) _____

Street City/State/Zip Phone (_____) _____

Employer Occupation Work Phone (_____) _____

E-mail Address

Legal Guardian's Name (if not parent)

Emergency Contact

Please list names of friends or relatives to contact in whom your child/children may be released to in case of illness or injury if parents are unable to be reached:

Name Phone Relationship (_____) _____

Name Phone Relationship (_____) _____

Name Phone Relationship (_____) _____

Is there a court order establishing supervised visitation or a form of restraint by either parent? YES NO
If yes, please explain and furnish a copy of custodial documentation:

Family Information

| Sibling Name | Age | School | Grade |
|--------------|-----|--------|-------|
| | | | |
| | | | |
| | | | |

School Information

School presently attending _____

Does your child have any learning disabilities? Yes () No ()

If yes, please comment: _____

Has your child been suspended or expelled from school? Yes () No ()

If yes, please comment: _____

Does your child have any mental, emotional, or physical hardships which may affect his/her activities or progress? Yes () No ()

If yes, please comment: _____

Other

How did you hear of Christian Care Academy? _____

Please state why you would like to enroll your child: _____

Briefly describe the personality of your child: _____

Statement of Acknowledgment

I hereby verify that all information that I have provided above is complete and accurate. I agree to notify Christian Care Academy of any changes to the information provided. In making application for my child to attend Christian Care Academy, I understand that no refunds will be made on registration deposits. I give permission for emergency first aid to be administered by the school and to arrange for and provide necessary emergency medical care for my child in the event that I cannot be reached.

I have read the Christian Care Academy student handbook and will support all teachers and administration in these policies and procedures.

Parents Signatures:

Father's Signature

Mother's Signature

Date